



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Doctors Hospital at Renaissance

Respondent Name

Texas Municipal League Intergovernmental Risk Pool

MFDR Tracking Number

M4-17-1532-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 24, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to TWCC guidelines, Rule §134.403 states that the reimbursement calculation used for establishing the MAR shall be by applying the Medicare facility specific amount."

Amount in Dispute: \$1,050.55

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 7 – 30, 2016	Physical Therapy Services	\$1,050.55	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the acute care hospital fee guideline for outpatient services.
3. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 – Workers compensation jurisdictional fee
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
 - W3 – Additional payment made on appeal/reconsideration

Issues

1. What is the applicable rule for determining reimbursement for the disputed services?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement in the amount of \$1,050.55 for physical therapy service performed in an outpatient setting for dates of service September 7th, 2016 through September 30th, 2016.

28 Texas Administrative Code §134.403(h) states,

For medical services provided in an outpatient acute care hospital, but not addressed in the Medicare payment policies as outlined in subsections (f)(1) or (f)(2) of this section, and for which Medicare reimburses using other Medicare fee schedules, reimbursement shall be made using the applicable Division Fee Guideline in effect for that service on the date the service was provided.

Professional services are paid using the Professional Medical Fee Guideline, 28 Texas Administrative Code §134.203(c) which states,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor).

Reimbursement for the disputed services calculations are as follows:

- Procedure code 97110, date of service September 7, 2016. The Medicare Physician Fee Schedule rate for this code is \$31.19. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$49.46
- Procedure code 97112, date of service September 7, 2016. The Medicare Physician Fee Schedule rate for this code is \$32.51. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$51.56
- Procedure code 97140, date of service September 7, 2016. The Medicare Physician Fee Schedule rate for this code is \$28.87. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$45.79
- Procedure code 97761, date of service September 7, 2016. The Medicare Physician Fee Schedule rate for this code is \$31.85. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$50.51
- Procedure code 97110, service date September 9, 2016. The Medicare Physician Fee Schedule rate for this code is \$31.19. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$49.46
- Procedure code 97140, service date September 9, 2016. The Medicare Physician Fee Schedule rate for this code is \$28.87. This amount multiplied by 2 units is \$57.74. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$91.57

- [illegible]

- Procedure code 97116, service date September 26, 2016. The Medicare Physician Fee Schedule rate for this code is \$27.46. This amount multiplied by 2 units is \$54.92. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$87.10
 - Procedure code 97140, service date September 28, 2016. The Medicare Physician Fee Schedule rate for this code is \$28.87. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$45.79
 - Procedure code 97116, service date September 28, 2016. The Medicare Physician Fee Schedule rate for this code is \$27.46. This amount multiplied by 2 units is \$54.92. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$87.10
 - Procedure code 97140, service date September 30, 2016. The Medicare Physician Fee Schedule rate for this code is \$28.87. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$45.79
 - Procedure code 97116, service date September 30, 2016. The Medicare Physician Fee Schedule rate for this code is \$27.46. This amount multiplied by 2 units is \$54.92. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$87.10
 - Procedure code 97112, service date September 30, 2016. The Medicare Physician Fee Schedule rate for this code is \$32.51. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$51.56
 - Procedure code 97002, service date September 28, 2016. The Medicare Physician Fee Schedule rate for this code is \$40.52. This amount divided by the Medicare conversion factor of 35.8279 and multiplied by the Division conversion factor of 56.82 yields a MAR of \$64.26
2. The total allowable reimbursement for the services in dispute is \$1,654.67. This amount less the total paid by the insurance carrier of \$1,655.67 leaves an amount due to the requestor of \$0.00. No additional reimbursement recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 17, 2017
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.